

## Health Maintenance Organization (HMO) Alternative Health Care Financing and Delivery System (AFDS)

### Disclosure Statement

*To be completed by all members of the board of directors, board of trustees, executive committee or other governing board or committee, and officers of the HMO/AFDS. Attach additional sheets, if necessary. Please type or print.*

Name and address of HMO/AFDS:

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Present position with HMO/AFDS:

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1. Individual's full name (do not use initials):

\_\_\_\_\_  
(Last) (First) (Middle)

2. Have you ever changed your name? ☐ Yes ☐ No

If **yes**, state the reason for the change:

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List other names used: \_\_\_\_\_

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3. Sex: ☐ Male ☐ Female

4. Social Security Number: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Place of Birth:

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

7. List your residence for the last ten years, starting with your current address:

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

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8. List your business address:

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

List your business telephone: \_\_\_\_\_

9. Education:

<u>College/University</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other:

\_\_\_\_\_  
\_\_\_\_\_

10. List memberships in professional societies and associations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Employment record for the past 5 years (director, officer or member):

<u>Date</u>	<u>Name of Organization/ Employer and Address</u>	<u>Title/ Office Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business of current employer: \_\_\_\_\_

12. Present employer may be contacted? ☐ Yes ☐ No

Former employers may be contacted? ☐ Yes ☐ No

13. Which of the positions listed in Item 12 above were in the managed care field?

\_\_\_\_\_  
\_\_\_\_\_

Explain the nature of responsibility or involvement for each managed care position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Identify any organization you currently hold a position with which has, or anticipates having, a contract, agreement, or other arrangement with the HMO/AFDS, an HMO/AFDS provider, or any other person having a financial relationship with the HMO/AFDS:

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15. Have you or your spouse ever been affiliated or associated with an insurance entity regulated by any Department of Insurance.

☐ Yes ☐ No

If **yes**, list such entities and state of domicile.

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Name of spouse, if applicable:

(Last) (First) (Middle)

16. Do you or any member of your family have a financial interest (**exceeding 5% of the stock or assets**) in any legal entity which has a contract, agreement or other arrangement with the HMO/AFDS, an HMO/AFDS provider, or any other person concerning a financial relationship with the HMO/AFDS?

☐ Yes ☐ No

If **yes**, explain:

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If **no**, do you anticipate that the relationship described above will occur in the succeeding three years?

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17. Have you or members of your family subscribed to or paid in any amount, or own shares/stock of the HMO/AFDS or its subsidiaries.

☐ Yes ☐ No

If **yes**, list amount subscribed or paid in, or shares/stock pledged, and the manner in which future payments will be made.

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18. List any entity in which you control directly/indirectly, or own legally/beneficially, **10% or more of the outstanding stock** (in voting power):

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If any of the stock is pledged or hypothecated, explain:

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19. a. Have you even been in a position that required a fidelity bond?

☐ Yes      ☐ No

If any claims were made on the bond, explain:

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- b. Have you ever been denied an individual fidelity bond, or had a bond canceled or revoked?

☐ Yes      ☐ No

If **yes**, provide dates and explain:

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20. List professional, occupational and vocational licenses issued by a public or governmental licensing agency or regulatory authority, which you hold or have held:

(Licensure Date)                      (Issuer of License)

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21. Have you been refused a professional, occupation or vocational license by a public or governmental licensing agency or regulatory authority, or has such a license been suspended or revoked?

☐ Yes      ☐ No

If **yes**, explain and provide dates:

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22. Have you ever participated in the formation of an HMO/AFDS company?

☐ Yes      ☐ No

If **yes**, provide the name and address of each company, date, position held, and reason for leaving:

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23. Have you ever declared bankruptcy?

☐ Yes      ☐ No

If **yes**, explain:      Date      Type      Location of Filing

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24. Have you ever had a civil judgment against you?

☐ Yes      ☐ No

If **yes**, explain:

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25. Have you ever been found liable in a civil action for fraud?

☐ Yes      ☐ No

If **yes**, explain:

Date      Nature of Action      Name of Accusing Party      Address

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26. Have you ever been the subject of a cease and desist order, or entered into a settlement with any state or Federal regulatory agency?

☐ Yes      ☐ No

If **yes**, please list:

Date      Nature of Action      Name of Agency      Address

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27. Have you ever been an officer, director, trustee, key employee, or controlling stockholder of any entity which, while in such position(s), became insolvent, was placed under supervision, receivership, rehabilitation, liquidation or conservatorship?

☐ Yes      ☐ No

If **yes**, explain and provide dates:

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28. Has a certificate of authority or license to do business of any entity of which you were an officer, director, key management person, or controlling stockholder been suspended or revoked while you occupied such position(s)?

☐ Yes      ☐ No

If **yes**, explain and provide dates:

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29. Have you ever been named a defendant in a suit or administrative hearing brought by any public or governmental licensing agency or regulatory authority for violation of, or to prevent the violation of, any securities or insurance law?

☐ Yes ☐ No

If **yes**, explain:

<u>Date</u>	<u>Nature of Action</u>	<u>Name of Accusing Party</u>	<u>Address</u>
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30. a. Have you been convicted, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned for conviction of or plead guilty or nolo contendere to an information or indictment charging a felony, misdemeanor involving embezzlement, theft, larceny, mail fraud, a violation of corporate securities statute, or have you been subject to disciplinary proceedings by a federal or state regulatory agency?

☐ Yes ☐ No

If **yes**, explain:

<u>Date</u>	<u>Place of Arrest</u>	<u>Offense</u>	<u>Disposition</u>
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- b. Has any company been so charged, allegedly as a result of any action or conduct on your part?

☐ Yes ☐ No

If **yes**, explain and provide dates:

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31. Have you ever been found in violation of, pled no contest to, or settled any proceeding involving insurance law, regulation or rule, or state or federal securities laws, regulations or rules?

☐ Yes ☐ No

If any of these events occurred, please list.

<u>Date of Violation</u>	<u>Place of Violation</u>	<u>Violation</u>	<u>Disposition</u>
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32. Have you ever engaged in business under a fictitious firm name either as an individual or in the partnership or corporation form?

☐ Yes ☐ No

If **yes**, explain:

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I certify, under penalty of perjury, that I have examined each of the questions asked in this Disclosure Statement and affirm that my responses are true to the best of my knowledge and belief. I understand that any substantial amendment to the facts set forth herein shall be made known to the Department of Consumer & Industry Services, Office of Financial and Insurance Services, within 30 working days after the effective date of the amendment.

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date

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The above named individual personally appeared before me and/or is personally known to me. The individual deposes and says that he/she executed the above disclosure statement and the responses are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires (Date)